SPRING SUMMER 2012 ADULT SOFTBALL MANAGER'S INFORMATION CARD

MEN'S LEAGUE	WOMEN'S LEAGUE	CO-ED
NAME OF TEAM		
MANAGER'S NAME		
ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE
E-MAIL ADDRESS		
Returning Team New T	Ceam (Name of team last season	n)
LEAGUE DESIRED: MENS (WED C) (WEI	D D) (THURS D)	
COED (MON REC) (T	UES C/D) (FRI D/REC)	-
BYE WEEK REOUEST I	DATE (IF POSSIBLE)	
City of Mounta	in View, Recreation Di Credit Card Authoriz	vision, Adult Sports League ation Form
I Authorize the use of my	☐ Mastercard ☐ Visa	
In the amount of $\$696.0$	$oldsymbol{0}$ for league fees and # No	on Resident Players X \$12.50 =
TOTAL:\$ to be	e charged	
Card Number	Expira	ation Date
Name as it appears on card_		
Signature		Date